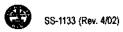
CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT 2.a. NAME OF CANDIDATE OR COMMITTEE								
7-	15 - 2010 Mura	thy for Co	uncil					
2.b IF C	OMMITTEE, NAME OF CANDIDATE		3. ELECTION DATE					
	Peter B Murshy		4/14200	9				
4.a. CAM	PAIGN ADDRESS AND PHONE		17:15-00	. !				
	t or Rural Route City	State	Zip Code	Phone				
$ \ell \epsilon$	902 Ault Dr. Chattanon	an TN	37404 423	-757-9500				
	DIDATE'S HOME ADDRESS (if different than 4.a.)	7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Stree	et or Rural Route City	State	Zip Code	Phone				
	<u></u>							
	CE SOUGHT (include district number, if applicable)		AL TREASURER (may be ca	andidate)				
Chaff	anoga CityCouncil Dist. 9	1 Voter	B. Murchy					
7. CAT	EGORY OR REPORT (Check one)							
	RST SECOND THEO FOURTH		MID-YEAR	YEAR-END				
QUA	RTER QUARTER QUARTER QUARTER	PRIMARY GENER		SUPPLEMENTAL				
8.2. BEG	INNING DATE OF REPORTING PERIOD	8.b. ENDING DATE OF R	EPORTING PERIOD					
1	- I- d010	1 6-31	0-2010					
9. (Checi	cone)							
_ a r	▼ This campaign is exempt from detailed disclosure becan This campaign	use contributions linelation i	in-kind) sereived total \$1 000	or less AND avacadi				
e. L	tures total \$1,000 or less for this reporting period. (Cor			or less AIVD expendit				
D. <u>L</u>	This campaign is required to file a detailed financial dis- and/or expenditures total more than \$1,000 for this representation.		is (including in-Kind) received	total more than \$1,000				
10. I/w	e do solemnly swear or affirm that the information contain	ad in this samualan financia						
acc	curate accounting of campaign contributions and expenditu	res required to be reported !	by the candidate committee b	ov the Campaign				
Financial Disclosure Act. Additionally, twe swear or affirm that no campaign contributions have been expended for the personal financial								
be	refit of the candidate or for any other nonpolitical purpose	as defined by the federal into	ernal revenue code.					
10/	M. AS M - X 7 11 1	. 10/	The TON (1)	2) ~/				
1-19-6	10 JO 10 / 6-10		<u> </u>	1)16:10				
	signature of candidate date	signat	ure of political treasurer	date				
		1						
11. /YVI7	NESS SIGNATURE	/ /	\cdot					
1 <i>V/</i> I	med Jelie 7/16/10	11	().00	$\int du dt$				
\- /-/- -	Rignature of witness date	- -/-//	un Affre	Z				
/	T date	/ *	ignature of witness	Cate				
12.000	MADV	/						
12.23UN	MARY	/	10 7 94					
128	BALANCE ON HAND LAST REPORT		s <u>17/5.11</u>					
1 × 2	ര്		α					
	TOTAL RECEIPTSTHIS PERIOD	***************************************	\$ <u>- \(\</u>					
13,00	TOTAL DISBURSEMENTS THIS PERIOD		950-					
] - c.	TO ME DISDURGEMENTS PRISPERIOU	***************************************		, ,,				
d.	BAJANCE ON HAND (12.a. plus 12.b. minus 12.c.)		4	623. ⁸⁴				
<u> </u>	The second secon							
	TOTAL LOANS OUTSTANDING.		e-	0				
	TO THE COME OF TO INTERCENT	***:/##***::E##*E:************************	\$					
	10 PM 1: 48	S I TAC 010Z		0				
† t.	TOTAL OBLIGATIONS OUTSTANDING		\$					

SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. REPORT COVERING THE PERIOD							
Murphy for Council	FROM: 1-1-10 TO: 6-30-10							
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)								
a. Unitemized Contributions (\$100 or less from each source this period)\$								
b. Itemized Contributions (over \$100 from each source this period)	\$ <u>O</u>							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)	s <u>O</u>							
16. LOANS RECEIVED THIS REPORTING PERIOD	s <u>C</u>							
17. INTEREST RECEIVED THIS REPORTING PERIOD	s <u>0</u>							
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)	<u>s</u>							
DISBURSEMENTS .								
19. EXPENDITURES (other than loan payments)								
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, postage, gasoline)							
\$	<u></u>							
\$ <u></u>								
\$	<u> </u>							
\$								
<u> </u>	<u> </u>							
\$								
\$								
\$								
\$								
	. 5							
Total of Expenditures (\$100 or less each payee)								
b. Itemized Expenditures (Over \$100 each payee this period)								
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)	•							
20. LOAN REPAYMENTS MADE THIS PERIOD								
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)								
22.IN-KIND CONTRIBUTIONS								
a. Unitemized in-kind contributions (\$100 or less from each source this period)\$								
b. Itemized in-kind contributions (over \$100 from each source this period)\$								
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.b.)								
23.OBLIGATIONS								
a. Unitemized Obligations Outstanding (\$100 or less each)\$								
b. Itemized Obligations Outstanding (Over \$100 each)\$								
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i item 12.f.)\$								



ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	1			2. REPORT COVER	ING THE PERIOD TO: 6.30.10				
, , , -	Amount								
3. TOTAL ITEMIZED CAMPAIGN EXPENDITURES FROM PRECEDING PAGE (enter \$0 if first itemized page) 4. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED EXPENDITURE (expenditures totaling more than \$100 to any payee during the period)									
First Name	Middle Nan	18		, ()	,				
Last Name/Business Name Testerman for School R		Political C	intribution	\$500					
Address 3817 Mission View									
Chattanooau	State /	Zip Code 37411							
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure				
Last Namer Business Name Committee to Elect Bro	ommissione/	Political	Contribution	\$450					
Address 1010 Market St.									
Chattanooga	State	Zip Code 37402							
First Name	Middle Nan		Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name									
Address									
City	State	Zip Code							
First Name	Middle Nam	ne -	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name									
Address									
City	State	Zip Code							
	!								
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure				
Last Name/Business Name									
Address									
City	State	Zip Code							
First Name Middle Name		Purpose of Expenditure		Amount of Expenditure					
Last Name/Business Name									
Address				ļ					
City	State	Zip Code							
5. TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional pages of this form are used.) (If this is the last page of expenditures, this amount must be shown in item 19b, of summary.)									
		_		7.00					